NATIONAL Assessment Centre Services. MaA4880392/2

Date In: 22/03/2018 17:51	Job description	Date & Time Completed	Done by
Ref No: NAH/INC1800514	SAS e-filing		
Veh No: SLN 5384T	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 21/03/2018 13:40	I-Motor Claim Form	M7L0987763	22/03/2018 18:14
OD / (TP) Reporting Only	I-Motor W/O (within OD 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: GBC 6609R , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks INC Hotline: 6788 0010	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > $3000) ( )		

Injury :

Date/Time	Actions

NA180/869

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge) :

Additional Comments

Invoice Preparation Checklist		Bill	Add Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) :	INC ($0)		
3) TP : Towing Fee	$30/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (w.e.f 10 Jun 2010)	$30		
6) TR : Re-Inspection	$35		
7) NI : NewDA + SMRT Survey	$160		
8) NTUC Additional Services:			
OW			
NI: Courtesy Car / Tpt Allowance	$5		
NI: Repair Coordination	$10		
NI: Post Repair Inspection	$35		
NI: DY / Collect Excess Coordination	$5		
TP (NI) : TP (Non INC) against INC	$30		
9) NI: Idea Mobile	10		
Invoice dated	Not Charged		
Invoice dated	Not Charged		

L 1:

(7 / 3:

MNA418039212 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 22/03/2018 17:21
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	22/03/2018 17:21
Date Of Accident	21/03/2018 13:40
Exact Location Of Accident	ALONG SIGLAP LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5384T
Insured/Policyholder	
Name Of Registered Owner	QUANTUM CYCLES PTE LTD
Co Reg No	201625849H
Email Address	PTAN1088@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90279248
Alternative Phone No	OFFICE-90279248
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESQUIRE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090889021
Cover Note Number	
Driver	
Name of Driver	TAN HUAT CHYE
NRIC No	S1581153F
Date Of Birth	01/05/1963
Occupation	INDOOR
Date Of Driving Pass	30/08/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90279248
Fax Number	
Contact Number	OTHERS-90279248
EMail Address	PTAN1088@GMAIL.COM

Address	5 SIGLAP ROAD #06-40
Postcode	448908
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC6609R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MICHAEL SOBRIELO @ MUHAMMAD
NRIC/Passport Number	S7319229C
Contact Number	90279248
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

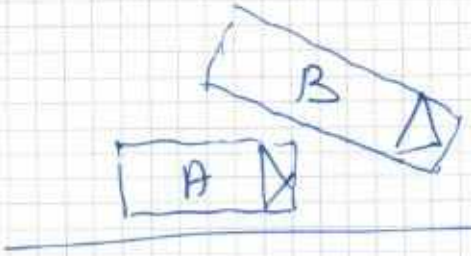
QUANTUM CYCLES PTE. LTD.
QUANTUM
UEN: 201425849H

22/03/2018

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

ALONG SINGAPORE LINK



A) SLN 5384T
B) GBC 6609R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car A by the side of the road.
Suddenly, van B cut in in front of me, appearing to want to stop on the side of the road in front of me.
However, the right rear side of the van hit me and continue to rub against the front left corner of my car as the van continue moving forward and eventually stopped about 5m away.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

DUANTUM CYCLES PTE. LTD.
DUANTUM
UEN: 201625849H

22/03/2018

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/0987263

Policy No.	5090889021	Vehicle No.	SLN5384T	GST Registration No.	
Policyholder Name	QUANTUM CYCLES PTE LTD			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	90279248	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	22/03/2018 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Date of Accident	21/03/2018	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SIGLAP LINK				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	1 BROOKE ROAD	Address 2	#01-34 KATONG PLAZA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-34	Related Policy Number	5090889021		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HUAT CHYE	Driver NRIC	S1581153F	Driver DOB	
Register Date of Driver License	30/08/1985	Driver Age	54	Driving Experience	
Contact No.(Mobile)	90279248	Contact No.(Office)		Contact No.(Home)	
Address 1	5 SIGLAP ROAD	Address 2	#06-40 MANDARIN GARDENS	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.	06-40				
Does he own a Singapore Registered car?	Yes ○ No	Driver Vehicle No.	SLN5384T	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	QUANTUM CYCLES PTE LTD	Insured NRIC	
Contact No.(Mobile)	90279248	Contact No.(Home)		Contact No.(Office)	
Email Address	PETER@QUANTUMCYCLES.COM	OI Vehicle Number	SLN5384T	TP Vehicle Number	
Claim Description	SLN5384T / GBC6609R ON 21 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/03/2018 18:13	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0987263	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	22/03/2018 18:14		
Path *			Category *	Confidential	Urgency
Browse... Clear			Please Select		Normal

Browse...	Clear	Please Select	NIL	Normal
Browse...	Clear	Please Select	NIL	Normal
Browse...	Clear	Please Select	NIL	Normal
Browse...	Clear	Please Select	NIL	Normal
Browse...	Clear	Please Select	NIL	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:13	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:13	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Mar 2018 18:13	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (21/3/2018) (DD/MM/YYYY), TIME: (13:38) (HH:MM)

LOCATION: SIGLAP LINK

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLN5384T
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5090888021
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA ESQUIRE
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
   A) NAME: QUANTUM CYCLES P/L (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

DRIVER
   a) NAME: TAN HUAT CHYE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 90279245
   c) ADDRESS:
   *d) DATE OF BIRTH: (01/05/1963) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS: 30/08/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: GBC 6609R MODEL:
   b) DRIVER'S NAME: MICHAEL SABRIELO @ MUHAMMAD RIDZUAN
   c) NRIC/FIN/PASSPORT: S7319229C CONTACT: 91866234

No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME: CONTACT:
   f) NRIC/FIN/PASSPORT:

No of passenger (including driver) (__)

email = ptan1068@gmail.com

fax =

video

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1581153F

Name

TAN HUAT CHYE

陈 发 才

Race

CHINESE

Date of Birth

01-05-1963

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1581153F

Name

TAN HUAT CHYE

Birth Date 01 May 1963

Issue Date 12 Aug 2004

001272064K

1579754

NRIC No. S1581153F

Blood Group O+

Date of Issue 11-01-1994

5 SIGLAP ROAD #06-40
SINGAPORE 448908

NRIC No: S158 153F Date: 09/11/2008 No: 6089474

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg — 30 Aug 1985

Licence No: S1581153F

NP 428A


eBaoTech
GeneralClaim
Hello, NAC_BUKIT_MERAH_800676
• Change Language
• Change Password
• Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Date of Accident
21/03/2018 17:19
Vehicle No.(For Motor)
SLN5384T
Search
Select
Policy No.
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5090889021
QUANTUM CYCLES PTE LTD
201625849H
GPC
drive CLASSIC
SLN5384T
SLN5384T
08/05/2017
07/05/2018
Continue